#### FORM D



### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

#### **FORM D**

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR FORM LIMITED OFFERING EXEMPTIO

137	56	23	9
OMB	APPR	OVAL	
<b>OMB Num</b>	ber:	3239	5-0076
Expires: Estimated	April	30,2	800
Estimated	averag	e burd	en
hours per r	espons	<b>:0</b>	.16.00

SEC USE ONLY

DATE RECEIVED

UNIFORM LIMITED OFFERING EXEMPTION	
Name of Offering (   check if this is an amendment and name has changed, and indicate change.)  Palmas South, LLC (Las Palmas - Mexico Unit Offering)	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOF Type of Filing: New Filing Amendment	RECEIVED
A. BASIC IDENTIFICATION DATA \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	El. A A DOS
1. Enter the information requested about the issuer	- x 2007 <b>&gt;&gt;</b>
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  Palmas South, LLC	186 ggildit
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone 5031 S. Ulster Street, Suite 470; Denver, CO 80237 303-773-97	Number (Including Area Code)
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephon (if different from Executive Offices)	e Number (Including Area Code)
Brief Description of Business Ownership of Mexican entities for operation of video entertainment centers	
Type of Business Organization    corporation	PROCESSED
Month Year  Actual or Estimated Date of Incorporation or Organization: O 6 O 6 O Actual Estimated  Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	DEC 1 4 2007
CN for Canada; FN for other foreign jurisdiction)	THOMSON
GENERAL INSTRUCTIONS	FINANCIAL

#### Zadoral:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State

SEC 1972 (6-02)

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### - ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

#### A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Burr, Gordon G., Jr. Business or Residence Address (Number and Street, City, State, Zip Code) 7647 S. Wellington Street, Centennial, CO 80122 Check Box(es) that Apply: **☑** Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Conley, John E. Business or Residence Address (Number and Street, City, State, Zip Code) 5151 E. Olive Court, Greenwood Village, CO 80121 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: General and/or Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: General and/or Promoter Beneficial Owner Executive Officer ☐ Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

Business or Residence Address (Number and Street, City, State, Zip Code)

	···			<b>B.</b> 1	NFORMAT	ION ABOU	T OFFERI	NG				
1 Haath	- iconer col	d, or does t	ha isawas is	ntand to an	II ta nan a	aanaditud i		this offer	ina?		Yes	No
1. Has th	122001 201	u, or uves u							_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		X
2 11/6-4:	a tha miaim				Appendix		_					
2. What is the minimum investment that will be accepted from any individual?									••••••••••	<u>.</u> s		
3. Does the offering permit joint ownership of a single unit?										Yes K	No	
commi If a per or state	ssion or sim son to be lises, list the n	ilar remune sted is an as	ration for s sociated pe roker or de	solicitation crson or ago caler. If me	of purchase ent of a brok ore than five	ers in conn cer or deale e (5) persor	ection with r registered as to be list	sales of se d with the S ed are asso	curities in t SEC and/or	irectly, any he offering. with a state sons of such		
Full Name NONE	(Last name	first, if ind	ividual)							***************************************		
Business or	Residence	Address (N	lumber and	d Street, C	ity, State, Z	Lip Code)						
		(-		<b>,</b> -	,,, -							
Name of A	sociated B	roker or De	aler					····				
States in W	hich Person	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
(Check	"All State	s" or check	individual	States)				*************			□ A1	l States
( <del></del>	(TE)	ca	( <del>, 5</del> )	[7]	رضضا	- CORT	( <del>SSI</del>	(52)	(E)	1871	_	لتجيا
AL IL	AK IN	AZ IA	AR	CA KY	CO LA	CT ME	DE MD	[DC]	FL MI	GA MN	MS	MO
MT	NE)	NV]	KS NH	[N]	NM	NY NY	NC)	ND	OH)	OK	OR	PA
RI		[SD]	TN	TX	UT	[ <del>VT</del> ]	VA)	WA		WI)	WY	PR
Full Name	(Last name	first, if ind	ividual)									
Business o	r Residence	Address (	Number an	d Street, C	City, State,	Zip Code)	·.···		<del>_</del>	<u></u>		····
Name of A	sociated B	roker or De	aler		<u> </u>	, , , , , , , , , , , , , , , , , , ,						······································
States in W	hich Person	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						<del></del>
(Check	"All State	s" or check	individual	States)			***************************************	***************************************			□ AI	l States
AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ĪD
IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT	NE	NV	NH	NI	NM	NY	NC	ND	OH	OK	OR	PA
RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Full Name	(Last name	first, if ind	ividual)							,		
Business o	r Residence	Address (1	Number an	d Street, C	ity, State,	Zip Code)					· · · · · ·	
Name of A	sociated B	roker or De	aler	·····								
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States in W (Check		i Listed Ha: s" or check						***********			∏ Al	l States
<u> </u>	[A 12"]	[¥7]	[AR]	וכגי	امحا	<u> ਨਿਜ</u> ਾ	[DE]	[RAT	[ <del>***</del> ]	le v		[ <del>177]</del>
AL IL	AK IN	AZ IA	AR KS	CA KY	CO	CT ME	DE	DC MA	FL	[GA]	HI	ID I
MT	NE)	NV	NH		LA NM	NY NY	MD NC	MA ND	(MI)	MN OK	MS OR	MO PA
RI	SC	SD	TN	1TX	UT	[VT]	VA	WA	WV	WI]	WY	PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

#### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	: 	
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	<b>s</b>	
	Common Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests		
	Other (Specify Class A Membership Interests	\$_5,138,250.00	\$ 5,138,250.00
	Total	\$_5,138,250.00	\$ 5,138,250.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate Dollar Amount of Purchases
	Accredited Investors		\$ 5,138,250.00
	Non-accredited Investors		\$ <u></u>
	Total (for filings under Rule 504 only)		\$ 5,138,250.00
	Answer also in Appendix, Column 4, if filing under ULOE.		\$_0,100,200.00
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		<b>s</b>
	Regulation A		\$
	Rule 504		<b>s</b>
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		s 0.00
	Printing and Engraving Costs	_	\$ 3,000.00
	Legal Fees	_	\$ 19,500.00
	Accounting Fees		\$ 14,500.00
	Engineering Fees		\$ 0.00
	Sales Commissions (specify finders' fees separately)	L-J	\$ 0.00
	Other Expenses (identify)	_	\$ 0.00
	Total		\$ 37,000.00

L	C. OFFERING PRICE, N	UMBER OF INVEST	ORS, EXPENSES AND USE OF	PROCEEDS	
	b. Enter the difference between the aggregate of and total expenses furnished in response to Part C proceeds to the issuer."	- Question 4.a. Th	is difference is the "adjusted gros	S	5,101,250.00 \$
5.	Indicate below the amount of the adjusted gross each of the purposes shown. If the amount for check the box to the left of the estimate. The total proceeds to the issuer set forth in response to left.	r any purpose is not al of the payments lis	known, furnish an estimate and ted must equal the adjusted gross	i	
				Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees				
	Purchase of real estate	***************************************	***************************************		□ \$
	Purchase, rental or leasing and installation of and equipment	•			
	Construction or leasing of plant buildings and	facilities	***************************************	□ <b>s</b>	□ <b>\$</b>
	Acquisition of other businesses (including the offering that may be used in exchange for the issuer pursuant to a merger)	assets or securities o	of another	s	. 🗆 \$
	Repayment of indebtedness				s
	Working capital			_	_
	Other (specify): Investment in one or more M	Mexican entities		\$ 5,101,250.0	X_*
		····		\$	s
	Column Totals		•••••	\$ 5,101,250.0	0_s_0.00
	Total Payments Listed (column totals added)			□ \$ <u>_</u> 5,	101,250.00
		D. FEDERAI	L SIGNATURE	<del> </del>	
sig	issuer has duly caused this notice to be signed by lature constitutes an undertaking by the issuer to information furnished by the issuer to any non-	furnish to the U.S. S	Securities and Explange Commi	ssion, upon writte	
Iss	er (Print or Type)	Signature		Date	
	lmas South, LLC		X	December 3, 20	07
	mas Soum, LLC				
Pa	ne of Signer (Print or Type)	Title of Signer	(Print or Type)	*	

#### - ATTENTION ~

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATUR	Ē		· · · · · · · · · · · · · · · · · · ·						
1.		2 230.262 presently subject to any of the d	•	Yes	No						
		See Appendix, Column 5, for state	e response.								
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.										
3.	. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.										
	limited Offering Exemption (UL- of this exemption has the burden	ts that the issuer is familiar with the conditions of the state in which this notice is filed to festablishing that these conditions have ows the contents to be true and has due cause	l and understands that the issuer claimi been satisfied. )	ing the	e availability						
Issuer (	Print or Type)	Signature	Date								
Palmas	South, LLC	M	December 3, 2007	7							
Name (	Print or Type)	Title (Print of Type)		<del>-,</del>							
Gordor	n Burr, Jr.	Manager									

#### Instruction.

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX										
1	Intend to non-a investors	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		4  Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No		Number of Accredited Investors	Number of Number of Accredited Non-Accredited				No	
AL										
AK										
AZ						<u> </u>				
AR										
CA	1	<b>x</b> .	LLC Membership	2	\$145,000.00	0	\$0.00		×	
СО		×	LLC Membership Interests	31	\$4,363,250.	0	\$0.00		x	
СТ			meresis							
DE										
DC										
FL		×	LLC Membership	2	\$260,000.00	0	\$0.00		×	
GA										
ні										
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IL.										
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IA										
KS										
KY	].									
LA						· · · · · · · · · · · · · · · · · · ·				
ME										
MD										
МА										
МІ										
MN										
MS	1									

**APPENDIX** 1 2 3 4 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach to non-accredited offering price Type of investor and explanation of investors in State offered in state amount purchased in State waiver granted) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited Yes State Yes No Investors Amount **Investors** Amount No MO MT NE NVNH NJ LLC Membership \$100,000.00 \$0.00 NM NY NC ND LLC Membership \$250,000.0 0 \$0.00 X OH X Intoracte OK OR PA RI SC SD TN **LLC Membership** \$0.00 TX 1 0 × \$20,000.00 × UT VT VAWA wv WI

	APPENDIX											
1 2 3 Disquenter Suppose the Control of the Control												
	to non-a investor	d to sell accredited is in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item I)	Type of investor and amount purchased in State (Part C-Item 2)			amount purchased in State					
State	Yes	No		Number of Accredited Investors	Accredited Non-Accredited				No			
WY												
PR												

## **END**